

## NRA ENDORSED INSURANCE PROGRAM

P.O. Box 410679 / Kansas City, MO 64141-0679 / Toll Free: 1-877-672-3006 / Fax: 913-652-7599  
Email: [NRAlns@locktonrisk.com](mailto:NRAlns@locktonrisk.com) / [www.NRAEndorsedInsurance.com](http://www.NRAEndorsedInsurance.com)

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### How To Report A Loss

Attached are the forms that need to be completed in order to execute your claim under the ArmsCare and ArmsCare Plus coverage. Please provide the loss data requested and return to the address above with the following documentation:

- The schedule of firearms and accessories form must be completed in detail. You need to supply an answer to each descriptive category on the enclosed form.
- Proof of ownership for the items claimed. This needs to be in the form of a receipt, name and number where purchased or statement regarding a gift or an inheritance.
- An original copy of a police report or a fire report when applicable. The police report must list the specific make, model and serial number for each firearm you are claiming.
- For theft from a vehicle, the police report must indicate whether the vehicle was locked or unlocked at the time of the theft.
- If your firearm is damaged, you must submit an itemized estimate of repairs from a gun shop written on the shop's letterhead. If the firearm is a total loss, have the gun shop show this on the estimate.

Your ArmsCare coverage is excess to any other coverage available to you. This means recovery under this insurance is only available after you have settled with your homeowners, renters or any other applicable insurer. You will need to account for any recover you receive from your other insurance before we can make an offer under this coverage.

- Details of your other property insurance must be supplied on the Statement of Loss form that is attached.
- You must supply documentation, from your insurance company, which shows the amount paid for each firearm or accessory claimed. The amount of your deductible needs to be indicated.
- If you property insurance does not cover your firearms, you need to provide a copy of the written denial of coverage from your carrier.

**FAILURE TO COMPLETE AND RETURN THE STATEMENT OF LOSS WITHIN 90 DAYS FROM THE DATE OF DISCOVERY OF THE LOSS SHALL INVALIDATE ANY CLAIM UNDER THIS POLICY.**

If you have any questions, please call toll free at 1-877-672-3006. With your assistance, you can expect a prompt resolution of your claim. Thank you.

# STATEMENT OF LOSS

This form shall serve as a Proof of Loss

Name of Insured \_\_\_\_\_ Membership Organization \_\_\_\_\_  
Membership Number \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Loss \_\_\_\_\_

Location \_\_\_\_\_

Describe in detail how your property was damaged or stolen. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Use back if needed)*

Please complete the appropriate department information below based on the Police or Fire Department Report that was taken.

Police Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Case Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Fire Department \_\_\_\_\_

If theft from a vehicle, was the vehicle locked at the time?  Yes, vehicle was locked  No, vehicle was not locked

**Interest:** The property claimed in this loss belonged at the time of the loss solely to \_\_\_\_\_  
and no other person held any lien or interest.

**Other Insurance** (*Homeowners, Renters or other property insurance*):

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Claim Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

You must supply documentation from your insurance company, which shows the amount paid for each firearm or accessory claimed. The amount of your deductible needs to be indicated. If your property insurance does not cover your firearms, you need to provide a copy of the written denial of coverage from your carrier.

**Inventory of Loss** – Include a completed copy of the Schedule of Loss attached.

THE SAID LOSS WAS NOT CAUSED BY DESIGN OR PROCUREMENT ON MY PART. NOTHING HAS BEEN DONE BY OR WITH MY CONSENT TO VIOLATE THE CONDITIONS OF THE POLICY. NO ARTICLES ARE MENTIONED HEREIN OR IN ANNEXED SCHEDULE BUT SUCH AS WERE INVOLVED IN THE LOSS AND INSURED UNDER THIS POLICY AND NO ATTEMPT TO DECEIVE THE SAID INSURERS AS TO THE EXTENT OF THE LOSS, HAS IN ANY MANNER BEEN MADE.

IN CONSIDERATION OF THE PAYMENT TO BE MADE I HEREBY SUBROGATE TO SAID INSURERS ALL MY RIGHTS, TITLE IN CASE OF ANY RECOVERY OF THE PROPERTY FOR WHICH CLAIM IS BEING MADE HEREUNDER. I ALSO AGREE TO TURN OVER TO SAID INSURERS, ANY SUCH RECOVERY WHICH MAY BE MADE, OR REIMBURSE SAID INSURERS IN FULL TO THE EXTENT OF THE PAYMENT FOR SUCH PROPERTY WHICH MAY BE RECOVERED.

ANY OTHER INFORMATION THAT MAY BE REQUIRED WILL BE FURNISHED ON CALL AND CONSIDERED A PART OF THIS STATEMENT OF LOSS. FURNISHING OF THIS STATEMENT OF LOSS IS NOT A WAIVER OF ANY RIGHTS OF SAID INSURERS.

\_\_\_\_\_  
Insured's signature

\_\_\_\_\_  
Date

**NOTE:** FAILURE TO COMPLETE AND RETURN THE STATEMENT OF LOSS ALONG WITH ALL OF THE REASONABLY OBTAINABLE SUPPORTING CLAIM DOCUMENTS WITHIN 90 DAYS FROM THE DATE OF DISCOVERY OF THE LOSS, SHALL INVALIDATE ANY CLAIM UNDER THIS POLICY.

## FRAUD NOTICE

### APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

### APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, PENNSYLVANIA, TENNESSEE, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

### APPLICABLE IN CALIFORNIA

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison.

### APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

### APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

### APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

### APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### APPLICABLE IN MARYLAND

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

